

Safe Slumber: Creating a Safe Sleep Environment

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Objectives:

- Define SIDS and SUID
- Discuss SIDS statistics in Kansas
- Understand theories related to SIDS
- Identify how to create a safe sleep environment
- Discuss the importance of maintaining a consistent sleep environment



2006 March of Dimes Peristats

Kansas has the 3rd highest SIDS rate in the nation

The Kansas SIDS rate is 129.9 per 100,000 live births

The national SIDS rate is 54.6 per 100,000 live births



What is SIDS?

Sudden Infant Death Syndrome (SIDS) is "the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including:

- performance of a complete autopsy,
- examination of the death scene, and
- review of the clinical history."

National Institute of Child Health and Human Development, Willinger et al, 1991



What is SUID?



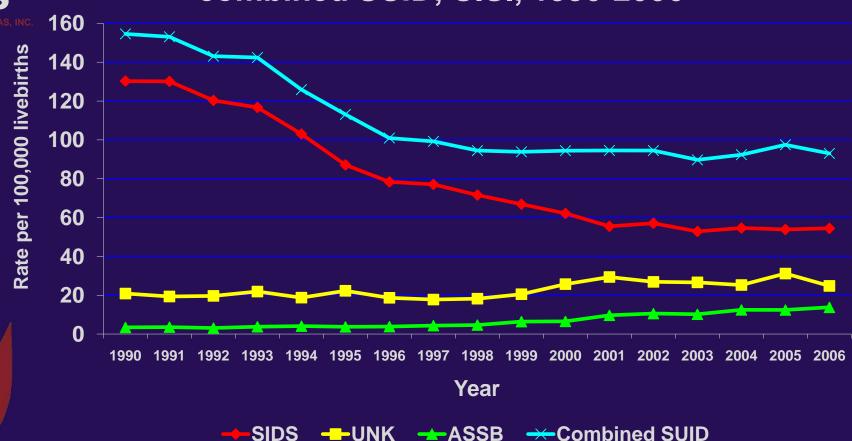
- SUID = sudden, unexpected infant death
- Group of infant deaths that occur suddenly and unexpectedly, and whose manner and cause of death are not immediately obvious prior to investigation

SUID includes

- SIDS
- Accidental suffocation
- Poisoning
- Metabolic disorders
- Hypothermia/Hyperthermia
- Neglect or homicide
- Unknown

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Infant mortality rates due to SIDS, UNK, ASSB, and combined SUID, U.S., 1990-2006



Definitions - SIDS: Sudden Infant Death Syndrome; UNK: Unknown cause; ASSB: Accidental Suffocation and Strangulation in Bed; Combined SUID: SIDS plus UNK plus ASSB

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1990-2006. CDC WONDER On-line Database, compiled from Compressed Mortality File 1990-2006 Series 20 No. 2L, 2009. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Oct 8, 2009 9:20:17 AM



SIDS Deaths Kansas 1994-2006





SIDS Mortality Rate by Race of Mother

1.	Native American	145.7
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2.	African	American	113.5
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3.	White	45.6
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4. Hispanic	27.1
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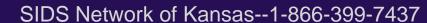
5. Asian 18.5

Mathews, Menacker, and MacDorman, 2003 from U.S. birth and infant death certificates.



Risk Factors for SIDS

- American Indian (more than 2x higher risk)
- African American (2x higher risk)
- Babies who sleep on their tummies (5 to 7x higher risk)
- Babies put on their tummies to sleep who usually sleep on their backs (as much as 18x higher risk)
- Mothers who smoke during pregnancy (3x)
- Babies who breathe secondhand smoke (2.5x higher risk)





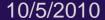
SIDS in Child Care

Rachel Y. Moon, MD, Children's National Medical Center, Washington, D.C.

Approximately 20% of SIDS deaths occurred while the infant was in the care of a nonparent caregiver.

- 60% in family child care
- 20% in child care centers

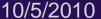
Approximately $\frac{1}{3}$ of SIDS-related deaths in child care occur in the first week, $\frac{1}{2}$ of these on the first day.





SIDS

- Occurs to apparently healthy infants.
- •Usually occurs while the infant is sleeping (nap time or night time).
- •Can happen to **ANY** family, regardless of their race, ethnic or economic group.
- No identifiable reason; cause unknown.
- Unpredictable.





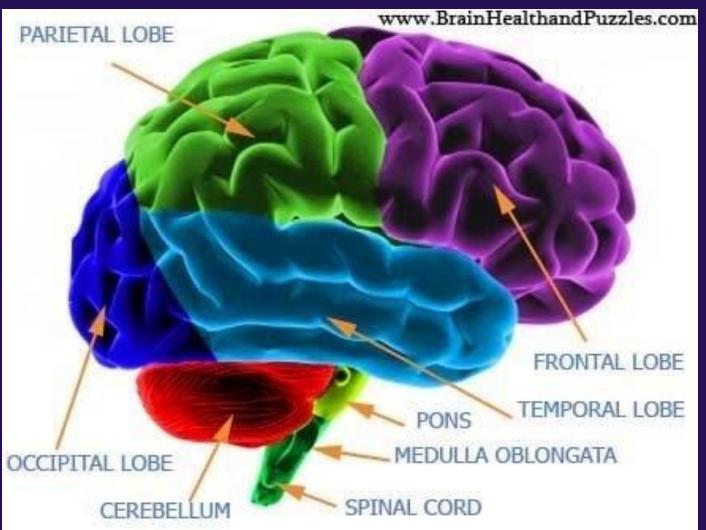
SIDS is not:

- Caused by spitting up, choking or smothering
- Caused by child abuse/neglect
- Contagious
- Caused by immunizations
- Caused by external suffocation
- The cause of every unexpected infant death



Triple Risk SIDS Theory

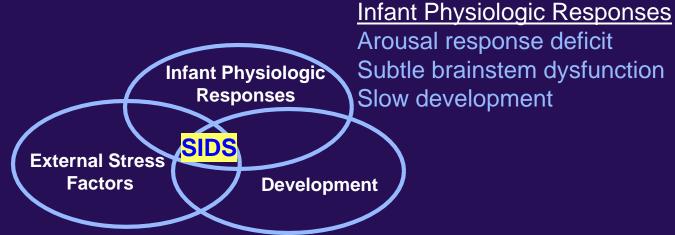
Hannah C. Kinney, Harvard Medical School, Boston





Triple Risk SIDS Theory

Hannah C. Kinney, Harvard Medical School, Boston



External Stress Factors

Sleep position, bedding, temperature, season, swaddling, smoking, drug use, minor respiratory symptoms, poverty, and limited prenatal care.

Development

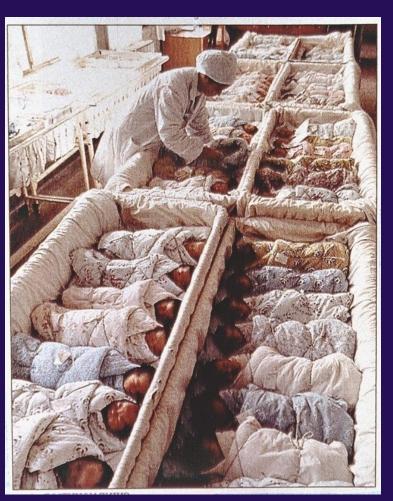
(autonomic nervous system)

2-4 months – most unstable

4-6 months – decreasing instability



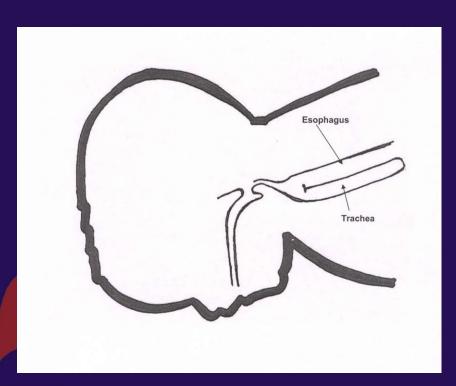
1996 AAP SIDS Statement



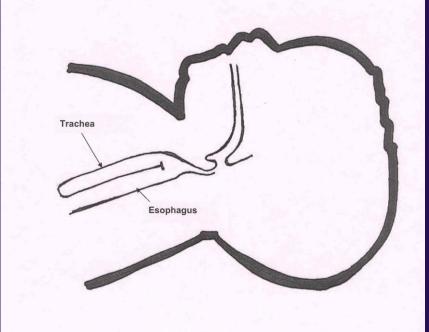
"Healthy term infants should sleep wholly on their back as the safest sleep position."

"Positioning and SIDS: Update," Pediatrics, Vol. 98, No. 6, December 1996

SIDS Relevance of Anatomy



Supine



Prone



AAP Statement 2005

- Consider offering a pacifier at nap time and bed-time after one month of age.
- A separate but proximate sleeping environment is recommended.



"Changing Concepts of Sudden Infant Death Syndrome," Pediatrics, Vol. 116 No. 5, November 2005



How to Create a Safe Sleep Environment

Place baby on his/her back to sleep

at nighttime and naptime

 Place baby on a firm tight-fitting mattress in safety approved crib





Creating Safe Sleep

If using a blanket, put baby with feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the baby's chest.





Sleeping Safely

Remove all fluffy and loose bedding from the sleep area

These include:

Pillows

Quilts

Comforters

Sheepskins

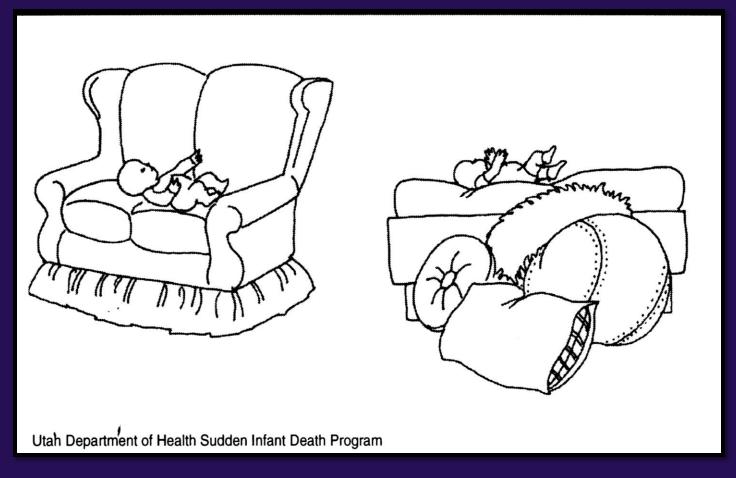
Stuffed toys

Other soft products





Unsafe Sleeping Environments





Placed down on right side





Found face/nose down

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Placed on right side, head resting on right arm





Found prone, head turned slightly to right



Placed on left side with wedge





Found rolled forward & face down



Safe Sleep

- •Make sure the baby's head remains uncovered during sleep.
- •There should one infant per crib.





Safe Sleep

•Consider using a wearable sleeper or other sleep clothing as an alternative to blankets.



 Dress the baby in light sleep clothing



Safe Sleep

- •Keep the room at a temperature that is comfortable for an adult (68°-72°)
- Encourage the use of a fan to keep the room well ventilated





Encourage Breastfeeding





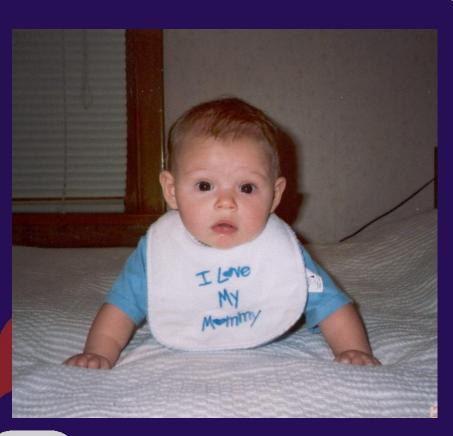
No smoking around infants

- Go outside to smoke
- Wear an overcoat
- Removed the overcoat upon return
- •Exposure to smoke in a room where babies sleep, is linked to an increased risk of SIDS.





"Tummy Time"



- Needed to develop strong muscles
- For babies who are awake and being observed
- Offered 2 to 3 times a day and increase the amount as the baby becomes stronger.

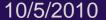


www.safesleepkansas.org



Safe Slumber for the Child Care Provider Course is available online at: **ks.train.org**

English course ID #1014900 Spanish course ID #1016753





Contacting the SIDS Network:

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Bibliography

- American Academy of Pediatrics: Task Force on Infant Positioning and SIDS. (1996). *Pediatrics*, Vol. 98, No. 6.
- Guntheroth, W. (2002). The Triple Risk Hypotheses in Sudden Infant Death Syndrome. *Pediatrics*, Vol. 110, No. 5, pp. E64.
- March of Dimes Peristats. (2005). Peristats. August, 19, 2009. www.marchofdimes.com/Peristats.
- Moon, R., Patel, M. and McDermott Shaefer, S. (2000). Sudden Infant Death Syndrome in Child Care Settings. *Pediatrics*, Vol. 106, No. 2, pp. 295-300.
- Willinger, M. et al. (1991). National Institute of Child Health and Human Development.
- Worden, J. (1991). *Grief Counseling and Grief Therapy.* New York, NY, USA: Springer Publishing Co. Inc.
- Wulbrand H, McNamara F, Thach B. (2008). The Role of Arousal Related Brainstem Reflexes in Causing Recovery From Upper Airway Occlusion in Infants. *Sleep*, Vol. 8;, No. 31, pp. 833-840.